ANNUAL REPORT 130

for the fiscal year
ending March 31, 1988

The Nova Scotia Hospital

90-05406/

The Honourable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and thirtieth Annual Report of The Nova Scotia Hospital.

I have the honour to be
Your obedient servant,

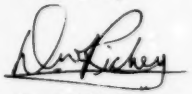
Joel Matheson
Minister of Health and Fitness

To The Honourable Joel Matheson
Minister of Health and Fitness
Province of Nova Scotia

Sir:

I have the honour to transmit herewith the one hundred and thirtieth Annual Report of The Nova Scotia Hospital.

Yours truly,



David W. Richey
Chairman
Board of Management

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BOARD OF MANAGEMENT

Chairman	D. Richey
Vice-Chairman	D. Tanton
Members	D. Ardley
	Rev. J. Clarke
	M. Conrod (Mrs.)
	O. Henderson
	Dr. G. Ibsen
	P. Murray (Mrs.)
	A. Nielsen
	K. O'Hearn
	L. Peters
	Rev. E. Theriault
	D. West

ADMINISTRATIVE STAFF
THE NOVA SCOTIA HOSPITAL
(at March 31, 1988)

Executive Director	Mr. Craig Brown
A/Medical Director	Dr. Syed Naveed Akhtar

Department of Psychiatry

Director of Psychiatry	Dr. Syed Naveed Akhtar
A/Director of Forensic Services	Dr. E.P.B. Aquino
Director of Community Services	Dr. L. Buffett
Director of Adolescent Services	Dr. K. Ahmad
Director of Out-Patient Department	Dr. L. Holland
Director of Children's Services	Dr. I. DeCoutere
Director of Admissions	Dr. J. Snelgrove
Director of Psychogeriatric Services	Dr. N. Allison
Senior Psychiatrist	Dr. D. Eastwood
Senior Psychiatrist	Dr. J. Curtis
Senior Psychiatrist	Dr. J. Palacios-Boix
Senior Psychiatrist	Dr. A. Hipwell
Senior Psychiatrist	Dr. D. Maynes
Staff Psychiatrist	Dr. E.P.B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. S. Brooks
Staff Psychiatrist	Dr. M. Cussen

Staff Psychiatrist	Dr. P. Malaviarachchi
Staff Psychiatrist	Dr. M.S. Muthu
Staff Psychiatrist	Dr. M. Tomlinson
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. S. Yoon

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia (Sabbatical Leave)
Staff Physician	Dr. B. McFarlane

Heads of Departments

Director of Nursing	Mrs. G. Webber
Director of Personnel & Payroll	Mrs. E. Hill
Director of Finance	Mr. D. Woods
Director of Support Services	Mr. M. Townsend
Director of Dietetics	Mrs. J. Jenkins
Director of Pharmacy Services	Mr. G. Moulton
Director of Staff Development	Mrs. J. Clancey
Director of Health Records	Ms. D. Calder
Director of Psychology	Dr. P. Shackleton
Director of Nursing Education	Mrs. T. Blaikie
Volunteer Coordinator	Ms. L. McMaster
Maintenance Manager	Mr. D. MacIntyre
Director of Social Work	Mrs. W. Milne
Director of Motivational Therapy	Mrs. M. Spindler
Coordinator of Educational Services	Mr. P. Giroux
Manager of Office Services	Mrs. E. Powell
Manager of Environmental Services	Mr. P. Bentley

CONSULTANT STAFF

Neurology and Encephalography	Dr. H.N.A. MacDonald
ENT	Dr. J. DeBow
Ophthalmology	Dr. M. Humayun
Internal Medicine	Dr. C. Young
Internal Medicine	Dr. J.J. McKiggan

Internal Medicine	Dr. R. Gupta
Internal Medicine	Dr. D. Knight
Internal Medicine	Dr. R. Michael
Radiology	Dr. I.M. MacLeod
Radiology	Dr. W.F. Barton
Dermatology	Dr. C.J. Gallant
Surgery	Dr. B.J. Steele
Dentistry	Dr. C.W. Curry
Dentistry	Dr. H.L. Sable
Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell
Anesthesiology	Dr. L. Marr
Anesthesiology	Dr. A. Kelland
Anesthesiology	Dr. R. Paterson
Anesthesiology	Dr. A. Finlayson
Internal Medicine and Hematology	Dr. O. Hayne
Urology	Dr. S. Yoon

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J.F. Nicholson
Dr. S. Hirsch
Dr. P. Flynn
Dr. A. Munro
Dr. W.O. MacCormick
Dr. W.A. Birnie
Dr. J. Gray
Dr. H.P. Poulos

CHAPLAINCY SERVICE

Coordinator and Protestant Chaplain	Rev. R. McLean
Roman Catholic	Mary Ellen Morrisey

REPORT OF THE CHAIRMAN OF THE BOARD

This report covers my eighth year as Chairman of the Board of Nova Scotia's primary psychiatric facility. I can look back with pride upon the advances in treatment programs and overall patient care achieved by the professional staff and administration during the period I have been privileged to serve on the Board. Unfortunately, the 1987–88 year was dominated by a struggle to maintain past accomplishments in the face of major challenges, particularly relating to the positions of Executive Director and Medical Director, the two most senior staff of the hospital.

As expected, Dr. David McPherson vacated the post of Medical Director in August for personal reasons; but with only a little more than one year in the position he had achieved remarkable progress in teaching and research. Dr. S.N. Akhtar assumed the position of Acting Medical Director while an exhaustive national search was undertaken. The position remained vacant at year-end.

In February 1988 Craig Brown accepted a Civil Service appointment as Executive Director. He had served in an acting capacity since February 1987 and was chosen by the Board as the successful candidate for the position in June. The delay in finalizing his appointment meant that the position of Assistant Executive Director remained vacant from February 1987 through to year-end.

As a result of these delays, the attention of the Board was to some degree diverted from patient care issues. A recommitment to the mission of the hospital as the leader in the treatment of the mentally ill began with the "organizational renewal" initiated by the Executive Director. His report details several other areas in which progress continued from previous years, including development of a policy and procedure manual, medical staff credentialling and a smoking policy, reviews of relative staffing ratios and of the five-year plan, and planning for the extended care unit.

Despite these obstacles, I am pleased to report significant progress in public relations, the stigma of mental illness having been a central theme of my last two reports as Chairman. With legislation in place, the first meeting of the Board of the Nova Scotia Hospital Foundation was held in April, and the foundation concluded its first year of operation on March 31, 1988. We look forward to great things from the foundation when some key vacancies in the hospital administration are filled. In November 1987 a public awareness plan was approved by the Board as the culmination of intensive staff effort, which originated with the retreat

of the Board and senior staff in January 1987. Implementation of the plan was gravely hampered, however, with the departure of the Director of Community Relations for greener pastures in Ontario. That position remained vacant at year-end.

The Executive Committee of the Board was largely preoccupied with the relationship between the hospital and government, particularly the Department of Health. A working group of staff from the hospital, the department, and Management Board was formed to examine government regulations and policies that adversely affect the operation of the hospital and to develop recommendations for improvements. I am particularly indebted to Vice Chairman David Tanton for his personal support, as well as for his contribution to the Executive Committee. The commitment which he and other members of our Board bring to the Nova Scotia Hospital is illustrated by the reports on activities of Board committees that follow.

Building and Grounds Committee (D. West, Chairman)

The Building and Grounds Committee met three times in 1987–88: on September 9, 1987, December 11, 1987, and January 13, 1988. Terms of reference were reviewed and approved.

The committee discussed and received regular reports on the following capital projects:

1. *Sewage Treatment Plant*
   Reports noted that the Department of Government Services had hired consultants to study the functioning of the plant, which led to a recommendation to divert the Central Laundry effluent into the Dartmouth City system. This will allow the system to be drained and cleaned and for the mechanical equipment to be upgraded. Work had begun to divert the Central Laundry effluent as of the last meeting of the committee in 1987–88.

2. *Walkway to Ferry Terminal*
   Reports noted the Department of Government Services' desire to construct a walkway to the ferry terminal and their willingness to pave the parking lot as part of the project. The project was completed, except for the hand rails and some minor cosmetic changes, as of the last meeting of the committee in 1987–88.

3. *Diesel Generator*
Reports noted that the generator had been installed and was undergoing field testing as of the last committee meeting in 1987–88.

4. *Hospital Sign at Front Entrance*
Reports noted that the design work had been completed and that, after the installation funding arrangements were resolved, the sign had been installed as of the last committee meeting in 1987–88.

5. *Water Tower*
Reports noted that the water tower demolition was awaiting a capital funding decision at the Department of Government Services as of the last committee meeting in 1987–88.

6. *New Locking System*
Reports noted that the installation of new locks in the Purdy Building had been 50 per cent completed, at which time it was stopped while the Department of Government Services and the Department of Health determined the funding arrangements. This had been resolved as of the last committee meeting in 1987–88, with work expected to commence within a short time.

7. *Extended Care Unit*
The committee supported the hospital's management staff in their attempts to gain more input into the planning process for this building by requesting that the Board send a letter to the Minister of Health expressing concern for the lack of consultation in the past and recommending full involvement in the planning process.

The committee visited the mock-up of a single bedroom of the proposed unit and expressed concern about several features, including the size of the living area, the size of the bathroom, and the width of the doorway.

The committee also visited the psychiatric units and the new Veterans Building at Camp Hill Hospital, taking note of the much larger room sizes there as compared to those proposed for the extended care unit.

Some success had been achieved in negotiating for larger room sizes, bathroom sizes, and door widths as of the last meeting of 1987–88. Acceptable door widths have been achieved, but the room sizes still fall well short of any acceptable minimum size.

Patient Care Committee (Leo M. Peters, Chairman)

A total of 11 meetings were held during the year, with the following monthly reports received: a summary of incident reports; Quality Assurance Committee reports with overviews of the programs of 20 departments; minutes with highlights of Medical Advisory Committee meetings.

One of the concerns of the Patient Care Committee was to investigate the need for a patient representative program. Initially, arrangements were made by staff for Mr. George DeYoung, senior investigator from the Ombudsman's Office, to visit the hospital on a monthly basis to meet with patients who may wish to use this service. This continued on a regular basis for several months with only a small number of patients using the service. Invited guests from the Canadian Mental Health Association and Friends of Schizophrenics attended the November meeting for an exchange of ideas and views on developing a patient representative program.

The committee also felt that the need for an ethics consultation service should be investigated; consequently, an ad hoc working group was formed. This working group continues to review resource material and meet with staff to elicit their views on whether a service is necessary. Further action to develop the patient representative program has been deferred until the report from the ad hoc working group on ethics becomes available.

Joe Power spoke to the Patient Care Committee on current programs and services offered by the Commission on Drug Dependency.

The need to upgrade the patient environment was discussed. The Bed Utilization Committee is now investigating the possibility of expanding the patient units.

Information on professional staffing levels in other psychiatric facilities within the province was requested to compare them with our hospital staff quota.

Board Development Committee (David Tanton, Chairman)

This committee met eight times during the year to keep the Board informed of developments throughout the hospital and in the treatment of mental illness in general. The educational sessions primarily entailed meeting with senior staff from a specific program, followed by a site visit.

In this regard, the committee met with staff from the Mentally Retarded Unit; Adolescent and Children's Units; Long-Term Care Units; Psychogeriatric Unit; and the General Service/Catchment Units. This afforded the committee to hear, first hand, some of the issues dealt with by the units, such as a problem with a patient who bangs her head constantly on Unit N-12, how the token economy system works on the Children's Unit, etc.

Following from the Board's retreat the previous year, the committee met with the Executive Director and the Director of Public Relations from the Royal Ottawa Hospital to hear about their public relations activities. Also, the committee planned this year's Board retreat, which included a presentation on home care, held in conjunction with the Halifax County Rehabilitation Centre Board retreat.

Legislation Committee (O. Henderson, Chairman)

Senior staff prepared a hospital-wide Administrative Policy and Procedure Manual, which was reviewed thoroughly by the committee. Although initiation of individual administrative policies is the responsibility of the Executive Director, the overall format of an administrative manual was approved and endorsed by the committee.

In reviewing the myriad of administrative policies, it became evident that the Board could benefit from a Board Policy and Procedure Manual. This was developed by the committee and approved by the Board.

The committee initiated a review of the Hospital and Medical Staff Bylaws. Staff are presently reviewing the bylaws, seeking input throughout the hospital. Discussion of revisions, which have not yet been finalized, will certainly keep the Committee active in coming months.

Planning Committee (Pam Murray, Chairman)

The committee met regularly during the year and dealt with a wide spectrum of issues and concerns. A number of activities initiated last year continued to hold the committee's attention, such as the need for a new psychiatric facility for adults and young offenders. After initial optimism in late spring that an announcement would be made on the construction and location of a facility, nothing has been forthcoming.

Continuing with our concerns for adequate housing, and its impact on our ability to discharge patients, the hospital began discussions with

the Association for Women's Residential Facilities and with Metro Group Homes regarding housing. We were not able to alter or augment the availability of housing to meet the specific needs of many of our patients. Also, the committee submitted a proposal for a "quarterway house" to the Department of Health.

The committee continued to review the five-year plan and began the process of developing a comprehensive 15-year long-range plan. An external consultant has been engaged on a part-time basis to assist staff in compiling demographic and patient statistics; these are essential in the development of a role study, which is the preliminary step to developing a Master Plan. Once completed, this should serve as the foundation for the future work of this committee.

As the year came to a close, the committee began to address concerns about overcrowding on patient units. Review of options to resolve this problem are underway at multiple levels throughout the hospital.

Finance Committee (K. O'Hearn, Chairman)

The committee met monthly—just prior to a full meeting of the Board—to receive and consider the financial statement of the month previous and to receive reports from staff on the situation of the hospital regarding revenue and expenses. The committee chairman then gave the financial report to the Board at its regular meeting. In addition, the committee reviewed in detail budget submissions for operating and capital funding and made appropriate recommendations to the Board.

The committee also met with selected department heads to review the financial operations of their departments within the hospital. Other subjects of discussion or recommendation to the Board included the Auditor General's Report, which advised of two minor items relating to access of the linen inventory and reconciliation of inventory accounts at the Department of Finance; the establishment of The Nova Scotia Hospital Foundation with the transfer of the Hospital Bequest Fund Assets, which were previously administered by the Department of Finance; the implementation of the GRASP system of workload management in the nursing department, which indicated that 4.4 hours of care are required to maintain current standards of care; and the implementation of the computerized dietary management information system, which resulted in a saving of $60,000 in raw food costs.

REPORT OF THE EXECUTIVE DIRECTOR

I began and concluded my report last year by commenting on change and predicting that we would experience even more changes this year. That certainly has been the reality. The pressures facing health care in general, and more specifically this institution, are quite significant and dynamic. We have been working hard throughout the year to harness those pressures and changes to better serve our patients.

Changes are nowhere more prominent than on the senior management team. This year saw the resignation of our Medical Director, Dr. David McPherson, and the Director of Community Relations, Ms. Suzanne Boggild, both for personal reasons leading to relocation out of the province. Coupled with the already vacant Assistant Executive Director position, this resulted in the remaining members of the team carrying additional workload. We initiated an Organizational Renewal Program to develop a true participatory approach to our management of issues. A Hospital Management Team has been formed consisting of all head nurses, psychiatric unit directors, department heads, and senior administrative staff. Initially discussion centred on how to cope with change and with issues that affect relationships among team members. This was followed with the development of management philosophies to govern how each person is to manage and in turn be managed.

The Hospital Management Team continues to meet through a variety of task-oriented committees and as a whole. The management philosophies have been internalized throughout the institution, and individual departments have held departmental team-building and planning sessions.

Many of this year's initiatives resulted in improvements in the organizational and managerial aspects of our operation. A comprehensive hospital-wide Administrative Policy and Procedure Manual was developed. This has led to a review of all departmental policy and procedure manuals to ensure compatibility with the hospital manual and to standardize format. The Board also developed a Board Policy and Procedure Manual, specific to the operation of the Board and role of Board members.

A review of all the major committees was initiated, and we are now considering some changes in our committee structures to streamline and focus the work of the committees.

A wide range of activities has been undertaken: the development of a new process for making medical staff appointments and checking their credentials (credentialling) has been developed; preliminary discussions were held with various government departments and private daycare organizations to explore the possibility of establishing our own on-site workplace daycare for staff; new hospital signage was erected; a smoking policy—ensuring smoke-free staff and patient areas—was introduced.

Staff shortages have been evident throughout our organization. With the recent introduction of our Nursing Workload Measurement System, we are able to quantify shortages in the Nursing Department. Nursing staff utilization during the year was well above 100 per cent, clearly documenting the need for additional nursing positions.

Review of staffing levels in other professional areas showed similar utilization rates. When compared with other psychiatric units throughout the province and with provincial guidelines, this institution appears to have the lowest staffing ratios in the province. Relief is necessary if we are to maintain our high standard of patient care and quality programs: we continue to press for more resources.

Our Dietary Department continues to be a leader within the province, due in part to our computerized dietary management information system and state-of-the-art production technology such as our blast chiller system. These endeavors have been cost effective. The management system enabled us to reduce our actual raw food costs by almost 10 per cent, as well as reducing manpower, and there were other positive spinoff effects throughout the department.

Staff members continue to maintain a high level of community interaction and involvement. The professional expertise of our staff is recognized throughout the province, with staff being appointed to a wide variety of local, provincial, and national associations, university appointments, and committees and being called upon to speak at professional and public meetings.

Our staff have also taken the initiative of sharing their expertise and exploring new concepts with their colleagues through the hosting of workshops at the hospital.

Proactive management differs from reactive management in having a conceptual plan of where the organization is headed and a course of

action to get it there. Considerable staff and Board time has been devoted to the development of a long-range plan. Work was initiated on the development of a comprehensive role study for the institution, in concert with a master plan. To augment this work, an Ad Hoc Bed Utilization Committee was established to study the feasibility of reducing beds and/or reorganizing units to better meet our patient care needs. Due to immediate space problems, anticipation of the addition of an extended care facility, and the need to reduce overcrowding on patient units, space planning was also commenced.

Significant progress was made in the planning for the new extended care facility with the finalization of the design for this new facility. Although we are pleased with these activities, which we hope will lead to the realization of a new facility, the proposed patient rooms remain substandard.

No discernible movement was seen this year on the development of a new forensic facility, but we are perpetually hopeful.

Though the new Hospital Foundation has yet to formally commence operation, Board and senior staff continued development of a foundation structure. With all of this preparatory work complete, at year-end ads had been placed for a Director of Development and Planning to work extensively with the Foundation Board.

I could continue on for many more pages highlighting the activities of staff. Suffice to state that much has been accomplished—and much remains to be done. The hospital as an organization and as a health care provider has started to embrace the changes around us and to move forward at an accelerated pace.

It is difficult to contemplate how we could have tackled so many issues, and in such a productive fashion, without the continuing support of the Board. Through the leadership of Mr. David Richey and the enthusiastic participation of all Board members, we have been able and will continue, to meet today's challenges and to provide top quality care to our patients.

Accounting and Data Processing Departments

The budget coordinator position was approved in the revised budget, which was received in February 1988, thus bringing the approved staff complement of the Accounting Department to 10 persons.

With the approval of a casual data entry clerk position in September 1987, we began posting all entries to the Department of Finance general ledger. The Department of Finance continues to process the verification of batches processed by this person as another half-time person is required for the verification process.

Through a provincially funded program to hire disabled persons back into the workforce, we were able to hire an additional cashier for our Patient Trust Fund operation, for the period October 21, 1987 to January 15, 1988, at no cost to the hospital.

With the addition of these three positions, we were able to complete our month-end closing and the preparation of financial reports within five working days of the month end, thus enabling us to send financial statements to the Finance Committee with the agenda each month, which gave Board members time to review statements before the meeting. Prior to this financial reports were distributed at the meeting, which then took more time to review.

No decision has been made yet on full conversion to the Department of Finance accounting system, and we are still maintaining two sets of accounts. However, with the additional staff in the department, more time was available for the reconciliation of accounts.

Computerization

Approval was granted by Management Board to purchase a new MAI 4000 computer to run patient administration systems. In addition, 15 personal computers were approved for word processing in various departments and for independent software applications in the Social Work Department and Occupational Therapy.

There has still been no work done on the preparation of a new five-year computer plan, as required by Management Board, as we were unable to obtain approval to hire a consultant. As well, approval for a systems coordinator for our hospital, which we so desperately need, has not been given.

The installation of the Dietary Management Information System was completed with the exception of the section that requires a new computerized inventory system for the hospital to link up with. Better management of production needs resulting from the system has saved the hospital $60,000 on raw food costs alone for the year.

Central Laundry

The Central Laundry processed in excess of 3.47 million pounds of linen during fiscal 1987–88 for 12 hospitals and agencies, surpassing the budgeted poundage by 29,000 pounds.

Education highlighted the year with three key people completing Linen Management and Laundry Technology Courses—two at the Laundry Technology School at Simpson Hall of the Nova Scotia Hospital and one at the Linen Management School held in Guelph, Ontario.

A small-piece folder was purchased for the folding of towels and patient gowns, and a Weatherbee lint collector was installed to alleviate overload from dryers. The steam injectors for hot water were replaced, and the laundry was painted.

Dietary Department

During a one and one-half day planning session by the team of professional dietitians, departmental objectives were developed along with a proposal to change the organizational chart to reflect how the department is managed. One objective set for this year was to keep raw food cost per patient meal day within the recommended provincial raw food allowance. Using the computerized management information in the department, the target was not only met but exceeded, and considerable financial savings were realized.

Phase II (a production and standardization program) and Phase III (nutritional analysis program) were added to Phase I (patient menu system) operations of the computer.

Renovations to the Marine Watch Cafeteria included new drapes, carpet, paint, pictures, and plantscaping.

The Dietary Department remains highly involved in patient programs, educational programs, and professional association activities.

Environmental Services

An exchange cart system was put in place for linen distribution to all areas of the hospital. The Uniform Shop moved its location from the Maintenance Building to the DeWolf Building, and a quality assurance program was developed.

A new shelving system was installed in Main Stores; as well, a quality assurance program was developed for Main Stores.

A new reusable mop system and high-speed floor maintenance system increased centralization of housekeeping activities in the hospital. An evening service covering Units N2, S2, and C3 was begun. Two staff completed the Housekeeping Supervisor's course.

Fire, Safety and Security

Fire safety classes were held by the Fire Safety and Security Officer for all newly hired hospital staff. Fire safety consciousness was reinforced for all hospital staff by fire drills and the annual evacuation exercises.

During this exercise, conducted by the Hospital Disaster Committee, different parts of the Hospital Disaster Plan are tested. The exercise is conducted with the participation of the Dartmouth Fire Department and the Dartmouth Police Department. Other agencies that may be involved in the event of a disaster are invited to attend and critique the exercises.

Through awareness programs, smoking policy changes, and use of fire-resistant materials in furniture, the incidence of actual fires has greatly decreased. In past years the greatest number of fires have been caused by cigarettes burning in furniture and wastepaper baskets. With assigned smoking areas for both patients and staff, this type of fire is rare.

All deficiencies noted in the Fire Marshall's Inspection Report have been corrected by the Department of Government Services and the Hospital Maintenance Department.

In August a new security company was awarded the contract to provide security services for the hospital.

The Nova Scotia Hospital Fire, Safety and Security Officer was a member of the task force for Operation Greenback and also became a member of the International Association for Hospital Security with fire,

safety and security officers from other hospitals.

The Operation Greenback Program gained international recognition when it was awarded third place for hospital security programs by the IAHS.

The Fire, Safety and Security Officer attended several courses on safety and security during the year.

With the new permit system for parking, and the paving of the parking lot at the south end of the hospital property, problems with parking on hospital grounds have been greatly alleviated.

Maintenance Department

It was a busy year for the Maintenance Department. Along with routine maintenance, Unit N1E was completely renovated to prepare for the changeover to a long-term care unit. Renovations were carried out in Simpson Hall to provide an area for the Department of Planning and Community Relations. Fluorescent lighting was installed in areas throughout the Purdy Building.

Major repairs were carried out on the hospital's smokestack, requiring the construction of an alternative stack.

The Dartmouth Mental Health Centre waiting room and reception area were located to the centre section of Simpson Hall, second floor, freeing up additional office space. Nursing Education was relocated to the fourth floor.

Exhaust fans were installed in all designated smoking areas as required by the smoking policy.

The Building Layout Manual was completed.

Medical Records Department

The department has operated efficiently over the last year with the conversion of one full-time data entry operator position from casual to permanent status. There were no other changes in staffing. Efforts are underway to combine in-patient and out-patient records so that complete and up-to-date information on all patients is contained in one centralized record. The sign-out system has been reorganized to maintain control of

sign-out practices. The central patient index has been entered into the computer, and we are ready to begin active entry of our admission/discharge/transfer system.

Following are selected statistics for the 1986–87 fiscal year:

Number of patients at beginning of year	331
Total admissions	1,653
Average length of stay	56 days
Average patient census	320
Average number of beds set up	381
Total days of service	116,927
Number of patients at end of year	336

Motivational Therapy Department

The clinical service provided by the department increased over the previous year as follows:

	Occupational Therapy		Recreation
Year	Weighted Treatment Units	Patient Attendances	Patient Attendances (excluding camp and picnics)
1986–87	687,350	16,406	13,595
1987–88	875,885	19,568	14,593

The increased service in the recreation section was achieved through program revision, extension of program hours, and redeployment within the existing staff complement.

In the occupational therapy areas low staff turnover rate was maintained, and the service was introduced within the Dartmouth Mental Health Centre. The adoption of a model of service delivery, which includes the assignment of each occupational therapist to one patient unit, has been significant in maintaining a full staff complement and stability of service. However, although more patients received service, there remained many on unserviced units with no access to this intervention.

The department continued its commitment to coordinated planning, clinical care, and management through its involvement in the multidisciplinary team approach, hospital renewal process, and committee activities.

Nursing Service Department

This proved to be an exciting and challenging year for the department. The Workload Management System has generated pertinent data regarding patient needs and resource utilization.

The following programs and systems have been revised and/or developed and implemented during the past year: Workload Management System, Computerized Nursing Information Recording, Inter-rater Reliability Spot Checks, Pilot Test of Nursing Care Assessment Forms, Clinical Resource Manual, Behavior Management Appraisals, Policy and Procedure Manual (Nursing), Needs Assessment of Staff, Revised Nursing Orientation Program, and Quality Assurance Programs.

Dr. Margaret J. Bayer, RN, BN, MEd, PhD, was hired as the Nursing Department's first Clinical Nurse Specialist.

Nursing Education Department

The Nursing Education Department continued its Psychiatric Nursing Education programs. The department provided a four-week course in psychiatric nursing for student nurses from the Aberdeen, Halifax Infirmary, and St. Martha's Hospital schools of nursing; postgraduate courses in psychiatric nursing for graduate nurses, registered nurses, and certified nursing assistants; and clinical experience for student nurses from the Victoria General Hospital, Saint Francis Xavier University, and Dalhousie University schools of nursing, as well as for nursing assistant students from the Dartmouth Vocational School.

Occupational Health Services

The department continued to provide services such as diagnostic testing, immunization, and consultations to staff members.

The department took an active role in health education in promoting Canada Health Day; National Nurses Week, when a blood pressure clinic was held; Sneaker Day—Staff Fitness Week; Weight Watchers in-house programs; Smoking Cessation program; Stress Management; Weedless Wednesday; and with articles in *Dialogue*.

Office Services

Printing Department

A new electric hole punch was purchased and has greatly eased the burden of the Offset Operator. Approximately one million sheets of paper were printed.

Switchboard Department

Twelve new pagers were purchased to improve and upgrade the paging system. One shelf and buffer card and two line cards were installed into the SL1 system to provide for future growth. A new hospital Information Directory was compiled and distributed throughout the hospital.

Post Office

Staff in this department have adjusted well to the added responsibility of coordinating the courier system. The sale of stamps has been turned over to this department from the Accounts Department. The feasibility of leasing a fax machine is being investigated. Approximately 17,600 pieces of mail are processed monthly.

Health Sciences & Patients/Staff Library

Vertical blinds, shelving, chairs, and study stations were purchased this year to continue the refurbishing of this area.

The services of a consultant from the Dartmouth Regional Library to assist in choosing appropriate reading material for the New Patients' Resource Section were requested, and we are awaiting a report.

Steno Pool and Secretarial Services

Secretarial services were reviewed and reorganized. Groups of three or four secretaries have been pooled to relieve for each other. It was also recommended that word processors be purchased for departments that do not as yet have them.

Three word processors were purchased and distributed to the secretaries of the Medical Director, Director of Social Work, and Director of Nursing.

The upgrading of typewriters continues; nine were purchased and distributed.

Pastoral Care Department

The department was served by two full-time chaplains; and the services of a Roman Catholic priest were contracted for eight hours a week to provide for the sacramental needs of Roman Catholic patients. A search continues through the Institute of Pastoral Training for a Roman Catholic priest with supervisory status to fill this position on a permanent basis.

The Hospital Advisory Committee on Pastoral Care met three times during this period and dealt with such issues as providing greater visibility and accessibility for Pastoral Care in the hospital and planning for the annual Pastoral Care Workshop which was held in March. The general theme for this workshop was "Pastoral Care of the Mental Ill," and evaluations were very positive.

The department moved from its location on the fourth floor of DeWolf Building to the first floor; and this was seen as a positive step in providing greater visibility and accessibility.

Patient Education Department

The department continues to improve its service to the patients of this hospital. This was aided by the acquisition of four new Apple computers and an extensive computer program library.

We are in the process of designing a computer-based student record that will reduce time spent on report writing and be beneficial for statistical and research purposes.

This past year we accepted six applications from students from Mount Saint Vincent University, and two from the Nova Scotia College of Art and Design for practicum placements. With these practicum students and volunteers, we were able to offset the high student/teacher ratio (10:1) to a more acceptable ratio of our population of 5:1.

We continued to provide service to N-12 and N-16 through staff hired under Section 38 and grants. As well, referrals were accepted throughout the year from other units for assessments, consultations, and/or tutorial services.

Personnel and Payroll Department

A departmental reorganization took place in August to reflect Payroll Services, Personnel Administrative Services, and Human Resource Management (HRM) Systems. A clerk typist was hired to help deal with the increased workload.

To facilitate distribution of pay, a cheque folder, inserter, and sealer were acquired.

The total number of appointments processed (both Civil Service and casual) during this year as 261. The total number of resignations was 196, and there were 11 terminations. Nine staff members retired.

Pharmacy and Pharmacy Services Departments

Pharmacy Department

Staff of this department consisted of the director, three registered pharmacists, one pharmacy clerk, and one clerk typist. No pharmacy student was hired this year. Both the pharmacy clerk and the clerk typist graduated from a 14-week pharmacy technician course during the year.

A modern dual automatic unit-dosing machine has been approved and ordered, and on its arrival a trial unit-dosing system will be initiated on selected units.

A complete computer system was purchased for the department from another hospital, and the pharmacy program developed for the Department of Health by the Yarmouth Regional Hospital was obtained. It is expected that the computer will be operational shortly.

The department continued its participation in the various committees and programs of the hospital. The Pharmacy and Therapeutics Committee remains very active and reviewed several policies, revised its terms of reference, and looked into the feasibility of a one-write system for medication orders, as well as providing a limited medication supply in the Out-Patient Department for walk-in patients.

Pharmacy Services Department

Staff in this department consisted of the director, chief clerk, two terminal operators, four storesmen, and one narcotic and controlled-drug clerk.

The computer program was extensively studied and revised during the year. The total working area of the department has now been completely self-contained, and a total security alarm system has been installed.

The number of orders processed this year increased. Several nursing homes joined the program this past year.

Psychology

There were staff departures during the year and the addition of one part-time staff member. The continued increase in staffing levels has enabled an increased level of clinical services. Overall, the major increases were in the number of contact hours associated with clients, rather than in the number of clients served.

Treatment included many forms of individual, family, and group therapy with approaches such as interpersonal, cognitive-behavioral, and reality psychotherapy. Locus of therapy included office, homes, worksite, and shopping mall. A number of various kinds of groups were utilized for in-patients and out-patients. Programmatic approaches to treatment were also important, enabling entire units to function on the basis of rehabilitative and/or behavioral programs with input and leadership from the psychologists on those units.

At the organizational level the department was strengthened by reclassification of several staff positions; the Quality Assurance program was established on a firmer basis; and support was provided for a major research study on hospital staff. Staff were active on a number of hospital committees and in the management renewal process, and a number of submissions were presented to the hospital. There was considerable involvement with rejuvenated plans for doctoral training in clinical psychology at Dalhousie University.

Social Work Department

The department moved to integrate its philosophy and objectives with those of the hospital, as defined by the new direction established at the management retreat. Efforts were made to operationalize departmental policies and procedures to accord with those of the newly developed Administrative Policy Manual. A Quality Assurance Plan was developed and confirmed.

Members of the department continued their involvement with many ad hoc and standing committees. In conjunction with the Metropolitan Mental Health Planning Board, a proposal was made to survey the existing community services for the mentally disabled population residing in the Halifax-Dartmouth area. The study was undertaken by the department supervisor. This impacted heavily on the workload in the department, and several accommodations were made. At year-end the department was affected by three resignations of senior staff.

The department acted as a conduit for the processing and follow-up of all cases of suspected/potential child abuse as identified to any hospital staff member during the course of patient contact.

In order to gain a greater measure of control over escalating workloads, the department moved from a model of universal coverage to a referral system of service delivery, enabling the development of group therapists and the fostering of a range of more treatment-appropriate group programs targeted to specific population needs.

In addition to individual clinical social work services and group therapies, development of new programs formed the third aspect of overall clinical services provided by the department. One of the more innovative of these was Pet-Facilitated Therapy on the Adolescent Unit. This project operates on a joint basis with a local animal shelter.

The department played an active role in the development of a Short-Stay Assessment Program, and at the end of the three-month trial a crisis intervention model of social service delivery was identified and confirmed as an integral function of that program.

Staff Development

The Staff Development Department was comprised of a director, one full-time officer and one part-time training officer, and a secretary. As well, the department had the services of a full-time audio/visual coordinator for the month of March. Planning and development of the Audio/Visual Sub-department are now complete, and it will soon be implemented.

The general orientation program for new employees was redesigned to accommodate the needs of casual employees and was implemented in March for a one-year trial period.

Some of the highlights of the continuing education program include: Nurse-Led Groups and Psychopharmacology III for nursing staff; the spring and fall sessions of Continuing Medical Education for in-house physicians and psychiatrists; a Group Process Program for Dartmouth Mental Health Staff and selected others in cooperation with the Tatamagouche Training Centre; situation leadership workshops for management staff; and Basic Cardiac Life Support program with St. John Ambulance. Incidental programs were held on sexual assault, AIDS, neuroleptics, victims of crime, incident report forms, and eating disorders.

Support was provided to the Occupational Health Department with respect to educational activities. The major effort this year was the five-week smoking cessation program.

Volunteer Services

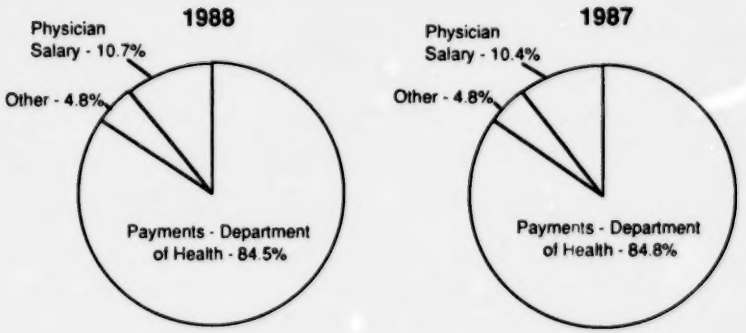
The past year has been productive with 97 volunteers working in 27 volunteer programs. Volunteers continued to operate the Tel-Med Information Line, which received 15,794 calls during the past year.

Special efforts were made to recognize volunteers. Volunteer plaques were placed throughout the hospital and "Volunteer Viewpoint" became a standing column in *Dialogue*. During Provincial Volunteer Week, a chapel service, a flag-raising ceremony, and an appreciation banquet were held in honor of our volunteers.

A patient literacy program was established, and at year-end 12 volunteers were tutoring patients throughout the hospital. A Patient Special Event Committee was formed to coordinate and implement patient special events such as the Stadacona Band Concert and Tea.

Analysis of Hospital Recoveries
For the Years Ending March 31, 1987 and 1988

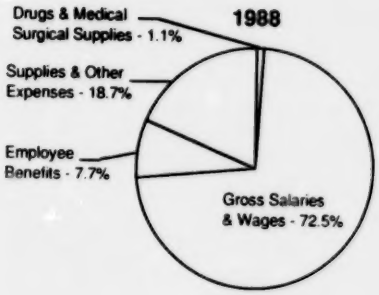
Percentage Distribution of Revenue
by Type of Recovery

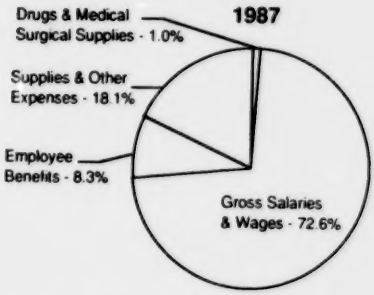


Other:	1988	1987
Uninsured patient days	.4%	.1%
Meal recoveries	1.5%	1.6%
Room recoveries	.3%	.4%
Steam	.9%	.7%
Services to Central Laundry	.9%	1.3%
Metro Drug Dependency	.8%	.7%
Net ancillary operations	(.3%)	(.1%)
Other	.3%	.1%
	4.8%	4.8%

Analysis of Hospital Expenditures
For the Years Ending March 31, 1987 and 1988

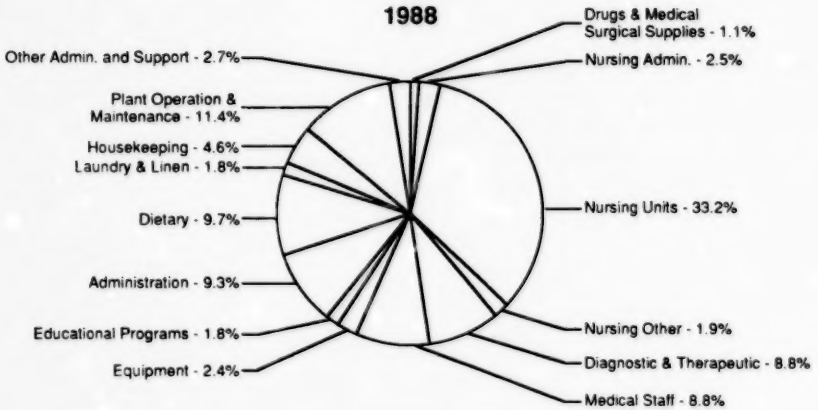
Percentage Distribution of Costs
By Type of Expense

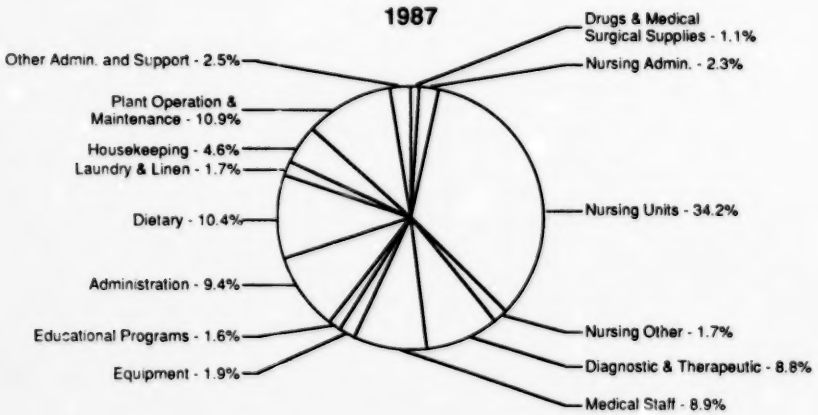




Analysis of Hospital Expenditures
For the Years Ending March 31, 1987 and 1988

Percentage Distribution of Costs
By Service


1988
Drugs & Medical Surgical Supplies - 1.1%
Nursing Admin. - 2.5%
Nursing Units - 33.2%
Nursing Other - 1.9%
Diagnostic & Therapeutic - 8.8%
Medical Staff - 8.8%
Equipment - 2.4%
Educational Programs - 1.8%
Administration - 9.3%
Dietary - 9.7%
Laundry & Linen - 1.8%
Housekeeping - 4.6%
Plant Operation & Maintenance - 11.4%
Other Admin. and Support - 2.7%


1987
Drugs & Medical Surgical Supplies - 1.1%
Nursing Admin. - 2.3%
Nursing Units - 34.2%
Nursing Other - 1.7%
Diagnostic & Therapeutic - 8.8%
Medical Staff - 8.9%
Equipment - 1.9%
Educational Programs - 1.6%
Administration - 9.4%
Dietary - 10.4%
Laundry & Linen - 1.7%
Housekeeping - 4.6%
Plant Operation & Maintenance - 10.9%
Other Admin. and Support - 2.5%

REPORT OF THE MEDICAL DIRECTOR

Developments in Patient Care

The year was full of important and exciting developments in patient care. In the summer of 1987, the hospital established its long-awaited Crisis Intervention Service. This provides screening of admissions and a short-stay unit where patients in personal crisis situations are kept for a maximum of three days. If the crisis is resolved, they are discharged into the community; otherwise, they are transferred to a regular hospital unit.

In September of 1987, a Rehabilitation Unit was set up on N-17. This unit deals with patients who have been in hospital for long periods of time and helps them recover their personal and community resources so that they can readjust to the demands of community living and take their proper place as independent, self-supporting citizens.

Developments in Education, Training and Research

With the advent of the Clinical Clerkship Program in May of 1987, the hospital expanded its training role significantly. We are having as many as eight clinical clerks (fourth-year medical students) rotating through the Nova Scotia Hospital for their psychiatric training. The rotation lasts eight weeks. In addition to patient contacts, the hospital has developed a didactic program for them.

The number of Interns and Residents in Psychiatry assigned to the Nova Scotia Hospital also increased during the last year because of the closure of the Halifax Infirmary Hospital and other psychiatric beds in the metropolitan area.

With reference to research activities, the hospital's Research Committee was activated after a period of dormancy. Several members of the medical staff developed and submitted research proposals, which were approved. Most of these studies are still in progress.

Medical Staff

Unfortunately, during the year, we lost several valued members of the medical staff including the Medical Director who had to resign his position for personal reasons. This created a hiatus in medical administration and imposed some strains in staffing. Efforts are underway to recruit new psychiatrists, and hopefully the situation will be resolved in the near future. Two members of the medical staff went on sabbatical leave for a one-year period.